



Division of Professional Regulation
861 Silver Lake Blvd.
Cannon Building, Suite 203
Dover, Delaware 19904-2467
(302) 744-4500

DUPLICATE RENEWAL NOTICE

DUE DATE: June 30, 2005

Please make your check or money order payable to "State of Delaware." Cash payment is not accepted.
RENEWALS POSTMARKED AFTER June 30, 2005 REQUIRE PAYMENT OF THE LATE FEE.
Please allow two to four weeks processing time.

The following questions must be answered. If not answered, the application will be considered incomplete and returned. In addition, please attach a copy of your DE Division of Revenue Business License.

1. Name of Owner: _____
Home Address of Owner: _____
Owner Home Phone: _____ Owner Email: _____
2. Name of Professional in Charge of Shop: _____
3. DE License Number of Professional in Charge of Shop: _____
4. SIGNATURE OF PROFESSIONAL IN CHARGE OF SHOP: _____
5. Have the floor plans or specifications changed since your initial registration application?
Yes _____ No _____ If yes, please indicate the change in the space provided below and attach an updated floor plan.

I hereby certify that the above information is true and correct.

SIGNATURE OF OWNER: _____ Date: _____

NAME: (Please Print) _____ ☐ Check box if new address

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

DUE DATE: June 30, 2005

**Late fee due if postmarked after
Due Date**

PROFESSION: (Circle One)
Cosmetology Establishment

AMOUNT DUE:
\$52.00

LATE FEE:
\$26.00

LICENSE NUMBER:
M9- _____

All sections must be completed. Incomplete forms will not be accepted. Make checks payable to the "State of Delaware."